


## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

|   |   |  |  |
|---|---|--|--|
| <b>Title of Invention</b>   | CHIROPRACTIC AIDS FOR USE ACCOMPANYING CHIROPRACTIC THERAPY |  |  |
| Application Type : regular, utility<br>Attorney Docket Number : 38.001-AG   |   |  |  |
| Correspondence address:<br>Customer Number: 29453<br>  |   |  |  |
| Priority Data:<br><br>Doc.No: JP2002-248038; Country -JP ; Date: 2002-08-28 us-priority-claimed<br>Doc.No: JP2001-151373; Country -JP ; Date: 2001-05-21 us-priority-not-claimed  |   |  |  |
| Inventor Information:<br><br><u>Inventor 1:</u><br><b>Applicant Authority Type:</b> Inventor<br><b>Citizenship:</b> JP<br><b>Name prefix:</b> Mr.<br><b>Given Name:</b> Yoshinobu<br><b>Family Name:</b> Sekizawa<br><b>Residence:</b><br><b>City of Residence:</b> Ibaraki<br><b>Country of Residence:</b> JP<br><b>Address-1 of Mailing Address:</b> 3008 Kamihemi, Souwa-machi<br><b>Address-2 of Mailing Address:</b> Sashima-gun<br><b>City of Mailing Address:</b> Ibaraki<br><b>State of Mailing Address:</b><br><b>Postal Code of Mailing Address:</b><br><b>Country of Mailing Address:</b> JP<br><b>Phone:</b><br><b>Fax:</b><br><b>E-mail:</b> |   |  |  |
| Attorney Information:   |   |  |  |

practitioner(s) at Customer Number:

29453



as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Assignee 1:

|  |                            |
|--|----------------------------|
| <b>Organization Name:</b>              | Seishin Co. Ltd.           |
| <b>Address-1 of Mailing Address:</b>   | 3033 Kamihemi, Souwa-machi |
| <b>Address-2 of Mailing Address:</b>   | Sashima-gun                |
| <b>City of Mailing Address:</b>        | Ibaraki                    |
| <b>State of Mailing Address:</b>       |                            |
| <b>Postal Code of Mailing Address:</b> |                            |
| <b>Country of Mailing Address:</b>     | JP                         |
| <b>Phone:</b>                          |                            |
| <b>Fax:</b>                            |                            |
| <b>E-mail:</b>                         |                            |